## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/580211

| OLANDO AO TILET  |  |  |   |  |                       |  |            |                     | 10/580211              |            |                            |                        |
|--|--|--|---|--|-----------------------|--|------------|---------------------|------------------------|------------|----------------------------|------------------------|
|  |  |  | (Column 1)                                  |  | (Column 2)            |  | _          | SMALL ENTITY TYPE   |                        | OR         | OTHER THAN OR SMALL ENTITY |                        |
| U.S  | S. NATIONAL                                    | STAGE FEES   |   |  |                       |  |            | RATE                | FEE                    | 7          | RATE                       | FEE                    |
| BASIC FEE  |  |  | SMALL ENT                                   |  | 1                     | GE ENT. = \$ 300   |            | BASIC FEE           |                        | OR         | BASIC FEE                  | 300                    |
| EXAMINATION FEE  |  |  | Satisfies PCT A<br>(4) = \$50               | /\$ 100                                  |                       | ther situations =<br>\$ 100 / \$ 200                     |            | EXAM. FEE           |                        | 7          | EXAM. FEE                  | 200                    |
| SEARCH FEE   |  |  | All other situati<br>Search I<br>= \$ 250 / | Rpt.)                                    | ALL                   | ISA = \$50 / \$100<br>other countries =<br>\$200 / \$400 |            | SEARCH FEE          |                        |            | SEARCH FEE                 | 400                    |
| FEE FOR EXTRA SPEC. PGS.   |  |  | minus 100 =                                 |  |                       | / 50 =   |            | X \$ 125 =          |                        | 1          | X \$ 250 =                 |                        |
| TOTAL CHARGEABLE CLAIMS  |  |  | # minus 20 =                                |  | *                     |  |            | X \$ 25 =           |                        | OR         | X \$ 50 =                  | †                      |
|  | EPENDENT CL                                    |  | <u> </u>                                    | ninus 3 =                                | *                     |  | /          | X \$ 100 =          |                        | OR         | X \$ 200 =                 | <b> </b>               |
|  | <del></del>                                    | DENT CLAIM PRI   |   |  |                       | 7  |            | + \$ 180 =          |                        | OR         | + \$ 360 =                 | 360                    |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |  |   |  |                       | •  | TOTAL      |                     | OR                     | TOTAL      | 1260                       |                        |
| AMENDMENT A  | Total  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT  | Minus                                       | (Colur<br>HIGH<br>NUME<br>PREVIO<br>PAID | EST<br>BER<br>OUSLY   | (Column 3)  PRESENT EXTRA                                |            | RATE  X \$ 25 =     | ADDI-<br>TIONAL<br>FEE | OR<br>OR   | OTHER<br>SMALL E           |                        |
|  | Independent                                    | *  | Minus                                       | ***                                      | <del></del>           | =  | ŀ          | X \$ 100 =          | *                      | }          | X \$ 50 =                  |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |   |  |                       | ŀ  | + \$ 180 = | <del></del>         | OR                     | X \$ 200 = |                            |                        |
|  |  |  |   |  |                       |  |            | TOTAL ADDIT.        |                        | OR         | + \$ 360 =                 |                        |
|  |  | (Column 1)   |   | (Colum                                   | nn 2)                 | (Column 3)   |            | FFF                 |                        | OR         | FFF .                      |                        |
| Z I  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |   | HIGHE<br>NUMB<br>PREVIO<br>PAID F        | ER<br>USLY            | PRESENT<br>EXTRA   |            | RATE                | ADDI-<br>TIONAL<br>FEE |            | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *  | Minus                                       | **                                       |                       | =  |            | ·X \$ 25 =          |                        | OR         | X \$ 50 =                  |                        |
|  | Independent                                    | *  | Minus                                       | ***                                      |                       | =  |            | X \$ 100 =          |                        | OR         | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |   |  |                       |  | ſ          | + \$ 180 =          |                        | OR         | + \$ 360 =                 |                        |
|  |  |  |   |  |                       |  |            | TOTAL ADDIT:<br>FFF |                        | OR         | TOTAL ADDIT.               |                        |
| ***  | If the "Highest Nu<br>If the "Highest Nu       | rnn 1 is less than the<br>mber Previously Paic<br>mber Previously Paid<br>nber Previously Paid | I For" IN THIS SP.<br>I For' IN THIS SP.    | ACE is less<br>ACE is less               | than '20<br>than '3'. | ', enter "20".<br>enter "3"                              | ı the      | appropriate box i   | in column 1.           |            |                            |                        |